

# OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE <b>DECAL</b>	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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**NAME OF REFERRING AGENCY:** Bright from the Start: Georgia Department of Early Care and Learning

**COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS:**

**DATE OF REQUEST FOR HEARING:**

**Case Type: (Choose one only):**

- ☐ Criminal Records Check (CRC)  
☐ Child and Adult Food Program (CAFP)  
☐ Summer Food Service Program (SFSP)  
☐ family day-care homes (FDCH)  
☐ group day-care homes (GDCH)  
☐ day-care centers (DC)  
☐ child caring institutions (CCI)  
☐ child care learning centers (CCLC)  
☐ OTHER:

**Who was sanctioned (If anyone)?**

- ☐ director of facility ☐ employee of facility  
☐ licensee ☐ applicant

**Select Sanction Taken (If any)**

- ☐ Unsatisfactory Record Check Determination  
☐ Refused to grant or renew license  
☐ Administered public reprimand  
☐ Suspended license  
☐ Revoked license

- ☐ Imposed fine  
☐ Limited or restricted license  
☐ Issued Emergency Order Placing Monitor(s) in Program  
☐ Prohibited licensee or applicant from allowing a person who previously was involved in the management or control of which had its license revoked or denied within the past 12 months to be involved in the management or control of program

**CONTACT PERSON IN REFERRING AGENCY**

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL:  PAGER:

**ATTORNEY FOR AGENCY**

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:  PAGER:

**NON-AGENCY PARTY**

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL:  PAGER:

**NON-AGENCY PARTY'S ATTORNEY**

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:  PAGER:

**PROSECUTOR(S) LISTED ON CRIMINAL RECORD (If applicable)**

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL  PAGER

**PARTY REQUESTING THE HEARING:** ☐ AGENCY ☐ NON-AGENCY PARTY (*must check one*).

**DOCUMENT INITIATING THE HEARING:** As "Attachment 1" to this form, attach the document requesting the hearing and the agency notice that resulted in the hearing request.

**ISSUES TO BE RESOLVED:** As "Attachment 2", attach an outline of legal issues and factual matters to be resolved at the hearing including specific statutes or rules to be applied at the hearing.

**SPECIAL REQUIREMENTS:** As "Attachment 3", attach a sheet identifying any statutes or rule (state of federal) establishing any specific time deadlines or procedures that are to be applied by OSAH in resolving the matter referred.